PAGE 1 / 10

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	Other Than An Author	1204 0011111111100	Office Use Only
NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Regeneron Pharmaceuti	cals, Inc. PAC		
ADDRESS (number and street)	777 Old Saw Mill River Road		
Check if different			
than previously reported. (ACC)	Tarrytown		NY 10591 - L L L L L L L L L L L L L L L L L L
2. FEC IDENTIFICATION NUM	BER ▼ CITY	<b>\</b>	STATE ▲ ZIP CODE ▲
C C00562264	3. IS T		AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	(M2) May 20 (M5	(Non-Election Year Only)
(a) Quarterly Reports:	Mar 20		(Non-Election Year Only)
April 15	Apr 20	(M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1)  July 15  Quarterly Report (Q2)	(c) 12-Day  PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE)	Election o	n	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election o	n M = M / D = D /	in the State of
5. Covering Period 01	01 2017	through 01	31 2017
I certify that I have examined this	Report and to the best of my Landry, Robert, E., ,	knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer			
Signature of Treasurer	Robert, E., ,	[Electronically Filed]	Date 02 / 17 / 2017
NOTE: Submission of false, erroneou	s, or incomplete information m	ay subject the person signing	this Report to the penalties of 52 U.S.C. § 3010
Office Use Only			FEC FORM 3X Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC <b>Form 3X</b> (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		<u>-</u>
Regeneron Pharmaceuticals, Inc	c. PAC	
Report Covering the Period: From:	01 01 2017	To: 01 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2017		58959.31
(b) Cash on Hand at  Beginning of Reporting Period	58959.31	
(c) Total Receipts (from Line 19)	4632.82	4632.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	63592.13	63592.13
7. Total Disbursements (from Line 31)	439.90	439.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	63152.23	63152.23
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a mul-	ticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

# Regeneron Pharmaceuticals, Inc. PAC

I. Receipts  Is (other than loans) From:  uals/Persons Other  Political Committees  mized (use Schedule A)  Itemized	COLUMN A Total This Period  2692.20  1500.72  4192.92  0.00  4192.92  0.00  0.00  0.00	COLUMN B Calendar Year-to-Date  2692.20  1500.72  4192.92  0.00  4192.92  0.00  0.00
uals/Persons Other Political Committees mized (use Schedule A)	1500.72 4192.92 0.00 0.00 4192.92	1500.72 4192.92 0.00 0.00 4192.92 0.00
Political Committees mized (use Schedule A)  TAL (add es 11(a)(i) and (ii)  Al Party Committees  Political Committees as PACs)  Contributions (add Lines i), (b), and (c)) (Carry to Line 33, page 5)  from Affiliated/Other mittees	1500.72 4192.92 0.00 0.00 4192.92	1500.72 4192.92 0.00 0.00 4192.92 0.00
itemized	1500.72 4192.92 0.00 0.00 4192.92	1500.72 4192.92 0.00 0.00 4192.92 0.00
al Party Committees  as PACs)	1500.72 4192.92 0.00 0.00 4192.92	1500.72 4192.92 0.00 0.00 4192.92 0.00
TAL (add es 11(a)(i) and (ii)  Al Party Committees  Political Committees as PACs)  Contributions (add Lines i), (b), and (c)) (Carry to Line 33, page 5)  From Affiliated/Other mittees	0.00 0.00 0.00 4192.92 0.00	4192.92 0.00 0.00 4192.92 0.00
TAL (add es 11(a)(i) and (ii)  Al Party Committees  Political Committees as PACs)  Contributions (add Lines i), (b), and (c)) (Carry to Line 33, page 5)  From Affiliated/Other mittees	0.00 0.00 0.00 4192.92 0.00	4192.92 0.00 0.00 4192.92 0.00
es 11(a)(i) and (ii)	0.00 0.00 4192.92 0.00	0.00 0.00 4192.92 0.00
Political Committees as PACs) Contributions (add Lines i), (b), and (c)) (Carry to Line 33, page 5) From Affiliated/Other mittees	0.00 4192.92 0.00	0.00
Political Committees as PACs) Contributions (add Lines i), (b), and (c)) (Carry to Line 33, page 5) From Affiliated/Other mittees	0.00 4192.92 0.00	0.00
as PACs)  Contributions (add Lines i), (b), and (c)) (Carry to Line 33, page 5)  From Affiliated/Other mittees	4192.92	0.00 0.00
contributions (add Lines i), (b), and (c)) (Carry to Line 33, page 5) from Affiliated/Other mittees	4192.92	0.00 0.00
i), (b), and (c)) (Carry to Line 33, page 5)  from Affiliated/Other mittees	0.00	0.00
to Line 33, page 5)  rom Affiliated/Other  mittees	0.00	0.00
rom Affiliated/Other nittees	0.00	0.00
nittees	4 4	0.00
F	4 4	
Received	0.00	
H	4 4 4	4 4
yments Received	0.00	0.00
Operating Expenditures	47 45	4 4
Rebates, etc.)		
ls to Line 37, page 5)	439.90	439.90
		·
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	4 4	4
unds (from Schedule H5)	0.00	0.00
	4 4	45 45 45
ansfers (add 18(a) and 18(b))	0.00	0.00
	Operating Expenditures Rebates, etc.)  Is to Line 37, page 5)  Contributions Made  Candidates and Other  Interest, etc.)  Interest, etc.	Rebates, etc.)  Is to Line 37, page 5)

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

ments

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures:  (a) Allocated Federal/Non-Federal	Total Tills I Gllod	Calcilual Teal-to-Date
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	439.90	439.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	439.90	439.90
Transfers to Affiliated/Other Party	7	
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20)  (a) Allocated Federal Election Activity  (from Schedule H6)	))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,	7 7 7	4 4 4
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	439.90	439.90
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	439.90	420.00
	400.00	439.90

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 4192.92 4192.92 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 4192.92 4192.92 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 439.90 439.90 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 439.90 439.90 (from Line 15, page 3)..... 38. Net Operating Expenditures 0.00 0.00 (subtract Line 37 from Line 36) ......

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FC	OR LINE NUMBER: heck only one)					PAGE	6	OF	10
(ch	ne	ck only	or	ne)					
[3	X	11a		11b		11c	12	!	
		13		14		15	16	;	17

ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, Inc. PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Braunstein, Ned,,, Date of Receipt Mailing Address 777 Old Saw Mill River Road 20 2017 City Zip Code State Transaction ID: SA11AI.4978 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing 384.60 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. VP - Regulatory Affairs Regeneron Pharmaceuticals Inc. \$192.30 Bi-weekly payroll deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LaRosa, Joseph, , , Date of Receipt Mailing Address 777 Old Saw Mill River Road 2017 City State Zip Code Transaction ID: SA11AI.4970 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing 384.60 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regeneron Pharmaceuticals Inc. \$192.30 Bi-weekly payroll deduction Sr. VP - General Counsel & Secretary Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 384.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mellis, Scott, , , Date of Receipt Mailing Address 777 Old Saw Mill River Road 20 2017 City State Zip Code Transaction ID: SA11AI.4965 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing C 384.60 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) \$192.30 Bi-weekly payroll deduction Regeneron Pharmaceuticals Inc. VP - Clinical Sciences Trans. Medicine Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 1153.80 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

10

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, Inc. PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mirza, Hala, , , Date of Receipt Mailing Address 777 Old Saw Mill River Road 2017 City Zip Code State Transaction ID: SA11AI.4964 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing C 384.60 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) **VP - Corporate Communications** Regeneron Pharmaceuticals Inc. \$192.30 Bi-weekly payroll deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Murphy, Andrew, , , Date of Receipt Mailing Address 777 Old Saw Mill River Road 2017 City State Zip Code Transaction ID: SA11AI.4984 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing 384.60 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regeneron Pharmaceuticals Inc. \$192.30 Bi-weekly payroll deduction Sr. VP - Research Regeneron Labs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 384.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Olson, William, , , Date of Receipt Mailing Address 777 Old Saw Mill River Road 20 2017 City Zip Code State Transaction ID: SA11AI.4969 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing C 384.60 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) \$192.30 Bi-weekly payroll deduction Regeneron Pharmaceuticals Inc. VP - Research & Development Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 1153.80 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

TOTAL This Period (last page this line number only).....

Use separate schedule(s)

FO	R LINE	NUMBER	:	PAGE	8	OF	10
(ch	eck only	one)					
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	13	14		15	16		17

ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, Inc. PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smeland, Tor, , , Date of Receipt Mailing Address 777 Old Saw Mill River Road 20 2017 City Zip Code State Transaction ID: SA11AI.4977 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing 384.60 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Exec. Dir. - Assistant General Counsel Regeneron Pharmaceuticals Inc. \$192.30 Bi-weekly payroll deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384.60 SUBTOTAL of Receipts This Page (optional).....

2692.20

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 OF 10									
TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)									
	Detailed Summary Page										
Any information copied from such Reports and State or for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, Inc.	PAC										
Full Name of Individual (Last, First, Middle Initial) Regeneron Pharmaceuticals, Inc. PAC Mailing Address 777 Old Saw Mill River Road	) or Full Organization Name	Date of Receipt									
City	State Zip Code	01 25 2017									
Tarrytown	NY 10591	Transaction ID : SA15.4985  Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	439.90										
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item  Reimbursement of Expenses - Bank fees									
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 439.90										
Full Name of Individual (Last, First, Middle Initial) 3.	) or Full Organization Name	Date of Receipt									
Mailing Address  City	State Zip Code	Amount of Each Receipt this Period									
	Zip Oddo										
FEC ID number of contributing federal political committee.	C										
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item									
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼										
Full Name of Individual (Last, First, Middle Initial)	) or Full Organization Name	Data of Bassist									
Mailing Address	Date of Receipt										
City	State Zip Code	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C										
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼										
SUBTOTAL of Receipts This Page (optional)		439.90									

TOTAL This Period (last page this line number only).....

439.90

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IT	EMIZED DISBURSEMENTS	for each of	_ I ` —	k only		ີ 27								
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	for commercial purposes, other than using the name													
$\setminus$	NAME OF COMMITTEE (In Full)													
$ \rangle$	Regeneron Pharmaceuticals, Inc. F	PAC												
_	Full Name (Last, First, Middle Initial)					- ·								
Α.	JP Morgan Chase Bank, NA					Date of Disbursement  O1 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	Mailing Address Two Corporate Drive													
	City Shelton	State CT	Zip Code 06484			FEC Id	lentific	ation	Numb	er				
	Purpose of Disbursement Bank fees			001	$\neg$	C		diam I	D - CD	2040	1000			
	Candidate Name			Catego					<b>D : SE</b> Disburs			986 this Period		
	Office Sought: House Disburser			71							439.90	)		
	Senate President	•	Primary General  Other (specify) ▼					Memo Item						
	State: District:						,,,,,	.0111						
<b>D</b>	Full Name (Last, First, Middle Initial)													
B.						Date of Disbursement								
	Mailing Address	Primary General				FEC Identification Number								
	City													
	Purpose of Disbursement				$\neg$	C								
	Candidate Name				n./	Атона	nt this D	oriod						
						Amount of Each Disbursement this Perio								
	Office Sought: House Disbursen													
	Senate President													
	State: District:	Other (specify)				Memo Item								
_	Full Name (Last, First, Middle Initial)													
C.						Date o	f Disb	oursen	nent					
	Mailing Address					M M / D D / Y Y Y Y								
	Walling Address				- 1					_				
	City	State	Zip Code			FEC Id	lentific	cation	Numb	oer				
	Purpose of Disbursement				$\neg$	С								
	Our did she Name										_			
	Candidate Name			Catego Type		Amoun	t of E	ach [	Disburs	semen	nt this Po	eriod		
	Office Sought: House Disburser								1 780					
	Senate President	Primary Other (spec	General											
	State: District:	Other (specify) ▼				Me	emo It	em						
Г							-	=	_	_		-		
s	SUBTOTAL of Disbursements This Page (optional)				•						439.90	0		
Ļ	OTAL This Povind (lost page this line growth as and a				_						439.90	0		
L	<b>OTAL</b> This Period (last page this line number only)													